

DEPARTMENT OF HEALTH SERVICES

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ACWDL Information Letter No.: I-95-15

TO: All County Welfare Directors
All County Medi-Cal Program Liaisons/Specialists

PROVIDER BULLETIN ON ELIGIBILITY MESSAGES FOR FEDERAL POVERTY LEVEL (FPL) PROGRAMS

The purpose of this letter is to transmit to counties Provider Bulletin No. 249 (enclosed) which was sent to providers in July 1995. This particular bulletin resends and explains the multiple messages for FPL programs which seem to be a source of continued difficulty. Also included in the bulletin is an easy reference aid code chart that is specific to FPL programs.

If you have any questions, please contact Mark Ermac of my staff at (916) 654-0021.

Sincerely,

Original signed by

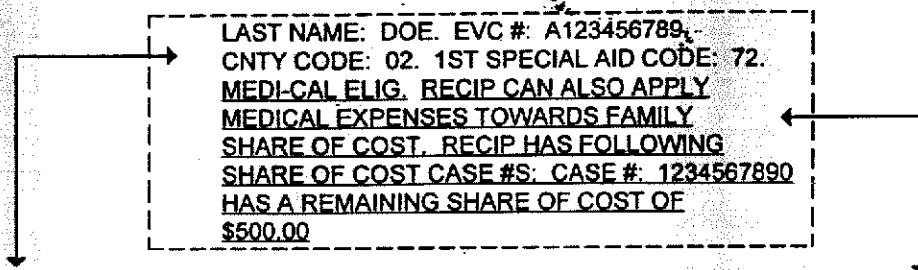
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

Federal Poverty Level (FPL) Programs: Eligibility Messages

Under Federal Poverty Level (FPL) programs, recipients are eligible for Medi-Cal benefits without Share of Cost (SOC) obligations. However, FPL recipients may apply medical expenses for services not covered by Medi-Cal or direct their own money toward other family members' SOC obligations. Children from birth to age 19 and pregnant women may be eligible for Medi-Cal benefits under FPL programs.

When providers verify recipient eligibility, multiple eligibility responses appear on the Point of Service (POS) device printout. Please see the following POS device example:



The first message indicates the recipient is eligible for Medi-Cal with aid code 72 (full-scope, no SOC). Do not bill a recipient or collect SOC unless a service is not covered by Medi-Cal.

Note: If a service is not covered by Medi-Cal, or a recipient chooses to pay for a service, the expenses paid or obligated should be spent down using the SOC case number(s) indicated in the eligibility message.

The second message indicates the recipient is linked to a family member's SOC case that has a remaining SOC of \$500. (A recipient may have multiple SOC case numbers. See *Section 100-28, Share of Cost*, in your provider manual).

For easy reference, aid codes that are specific to FPL programs are listed in this article. Refer to *Section 100-25, Aid Codes Master Chart*, in your provider manual, for a complete list of Medi-Cal aid codes.

For questions regarding eligibility messages received from the POS device, please call the POS Help Desk at 1-800-427-1295.

Code	Benefits	SOC	Program/Description
07	Restricted to emergency services	No	Asset Waiver Program. Infant—Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age 1 year and continues beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-only Program).
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
47	Full	No	Income Disregard Program (FFP). Infant—United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1 year old and continues beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.

(continued)

FEDERAL POVERTY LEVEL (FPL) PROGRAMS: ELIGIBILITY MESSAGES (continued)

Code	Benefits	SOC	Program/Description
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant—Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.
49	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnancy—Amnesty Alien. Provides family planning, pregnancy-related and postpartum services to any age female with income at or below 200 percent of the federal poverty level.
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP)—Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.
7A	Full	No	100 percent Program. Child (FFP)—United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children born after September 30, 1983, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7C	Restricted to pregnancy and emergency services	No	100 percent program. Child—Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [Not ABD or Under 18]). Covers emergency and pregnancy-related services to otherwise eligible children born after September 30, 1983, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-only Program).
72	Full	No	133 percent Program. Child—United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
74	Restricted to emergency services	No	133 percent Program (OBRA). Child—Undocumented/Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.
75	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). Provides family planning, pregnancy-related and postpartum services for amnesty aliens under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-only Program).
79	Full	No	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-only Program).